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Docket Number (Optional)

4765

REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09 / 502,534
and was amended on _____.

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

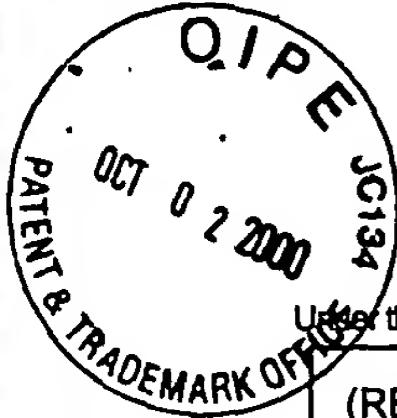
At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Brodie (#2)

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
<u>Laura A. Majerus</u>	<u>33,417</u>
<u>Trinidad Arriola Kern</u>	<u>44,012</u>

Correspondence Address: Direct all communications about the application to:

 Customer NumberPlace Customer Number Bar
Code Label here

OR

Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive	Date
San Jose, CA 95120-4830	
Post Office Address	Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature <i>Alan D. Brodie</i>	Date 9/7/00
Residence 998 Van Auken Circle	Citizenship
Palo Alto, CA 94303	USA

Post Office Address

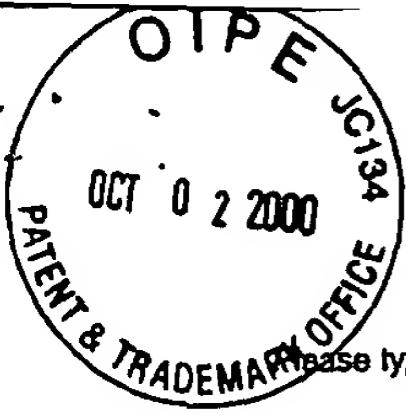
Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature	Date
Residence 1561 Blaney Avenue	Citizenship
San Jose, CA 95129	

Post Office Address

 Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jack Y.			Jau				
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Paul			Sandland				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Richard			Simmons				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dave E. A.		Smith				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Hans		Dohse				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dennis G.		Emge				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
John		Greene				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Lee		Veneklasen				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Ming-Yie		Ling				
Inventor's Signature					Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship
Post Office Address	19584 Via Monte Drive					
Post Office Address						
City	Saratoga	State	CA	ZIP	95070	Country
						U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 4Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname				
Surendra G.	Lele				

Inventor's Signature						Date	
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Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
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Post Office Address	21763 Ragnart Court						
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Post Office Address							
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City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname				
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Kirkwood	Rough				
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Inventor's Signature						Date	
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Residence: City		State		Country		Citizenship	
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Post Office Address							
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Post Office Address							
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City		State		ZIP		Country	
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname				
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--	--	--	--	--	--

Inventor's Signature						Date	
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Residence: City		State		Country		Citizenship	
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Post Office Address							
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Post Office Address							
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City		State		ZIP		Country	
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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



PTO/SB/51 (12-97)

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Docket Number (Optional)

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

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Electron Beam Microscopy

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09 / 502,534
and was amended on _____
(If applicable)

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I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
- by reason of the patentee claiming more or less than he had the right to claim in the patent.
- by reason of other errors.

At least one error upon which reissue is based is described as follows:

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Signed by Chen (#3)

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
<u>Laura A. Majerus</u>	<u>33,417</u>
<u>Trinidad Arriola Kern</u>	<u>44,012</u>

Correspondence Address: Direct all communications about the application to:

 Customer NumberPlace Customer Number Bar
Code Label here

OR

Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive San Jose, CA 95120-4830	Date
---	------

Post Office Address	Citizenship
---------------------	-------------

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature	Date
----------------------	------

Residence 998 Van Auken Circle Palo Alto, CA 94303	Citizenship
---	-------------

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature	Date 9/8/2000
----------------------	----------------------

Residence 1561 Blaney Avenue San Jose, CA 95129	Citizenship USA
--	------------------------

Post Office Address

<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jack Y.			Jau				
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Paul			Sandland				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Richard			Simmons				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dave E. A.		Smith				
inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Hans		Dohse				
inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dennis G.		Emge				
inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
John			Greene				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Lee			Veneklasen				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ming-Yie			Ling				
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Surendra G.

Lele

Inventor's
Signature

Date

Residence: City

Cupertino

State

CA

Country

U.S.A.

Citizenship

U.S.A.

21763 Ragnart Court

Post Office Address

Post Office Address

City

Cupertino

State

CA

ZIP

95014

Country

U.S.A.

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Kirkwood

Rough

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

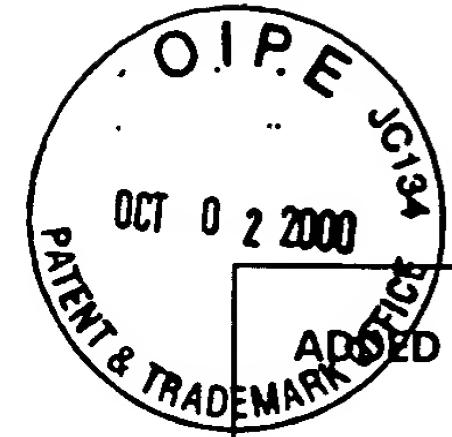
City

State

ZIP

Country

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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

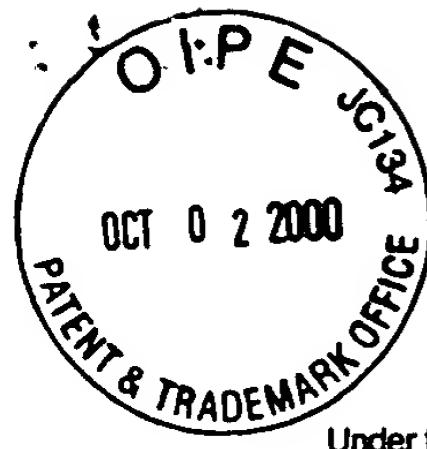
It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas Docket No. 4765US



PTO/SB/51 (12-97)

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Docket Number (Optional)

4765

REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy,

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09/ 502,534 and was amended on _____.
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.
 by reason of the patentee claiming more or less than he had the right to claim in the patent.
 by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Jan (# 4)

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4765																								
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.																										
Name(s)	Registration Number																									
<u>Laura A. Majerus</u>	<u>33,417</u>																									
<u>Trinidad Arriola Kern</u>	<u>44,012</u>																									
Correspondence Address: Direct all communications about the application to:																										
<input type="checkbox"/> Customer Number	<input type="text"/>																									
OR	Type Customer Number here																									
<table border="1"> <tr> <td><input checked="" type="checkbox"/> Firm or Individual Name</td> <td colspan="3">Fenwick & West LLP</td> </tr> <tr> <td>Address</td> <td colspan="3">Two Palo Alto Square</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>Palo Alto</td> <td>State</td> <td>CA</td> </tr> <tr> <td>Country</td> <td colspan="3">U.S.A.</td> </tr> <tr> <td>Telephone</td> <td>(650) 494-0600</td> <td>Fax</td> <td>(650) 494-1417</td> </tr> </table>			<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP			Address	Two Palo Alto Square			Address				City	Palo Alto	State	CA	Country	U.S.A.			Telephone	(650) 494-0600	Fax	(650) 494-1417
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP																									
Address	Two Palo Alto Square																									
Address																										
City	Palo Alto	State	CA																							
Country	U.S.A.																									
Telephone	(650) 494-0600	Fax	(650) 494-1417																							
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																										
Full name of sole or first inventor (given name, family name)																										
Dan Meisburger																										
Inventor's signature																										
Residence 1507 Montalban Drive San Jose, CA 95120-4830	Date																									
Post Office Address	Citizenship																									
Full name of second joint inventor (given name, family name)																										
Alan D. Brodie																										
Inventor's signature	Date																									
Residence 998 Van Aukon Circle Palo Alto, CA 94303	Citizenship																									
Post Office Address																										
Full name of third joint inventor (given name, family name)																										
Zhong-Wei Chen																										
Inventor's signature	Date																									
Residence 1561 Blaney Avenue San Jose, CA 95129	Citizenship																									
Post Office Address																										



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jack Y.			Jau				
Inventor's Signature	<i>Jack Jau</i>					Date	9/5/2000
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	US
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Paul			Sandland				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Richard			Simmons				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Dave E. A.		Smith					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Hans		Dohse					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Dennis G.		Emge					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
John			Greene				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Lee			Veneklasen				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ming-Yie			Ling				
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Surendra G.			Lele				
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Kirkwood			Rough				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas Docket No. 4765US



PTO/SB/51 (12-97)

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Docket Number (Optional)

4765

REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy,

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09/ 502,534
and was amended on _____.
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
- by reason of the patentee claiming more or less than he had the right to claim in the patent.
- by reason of other errors.

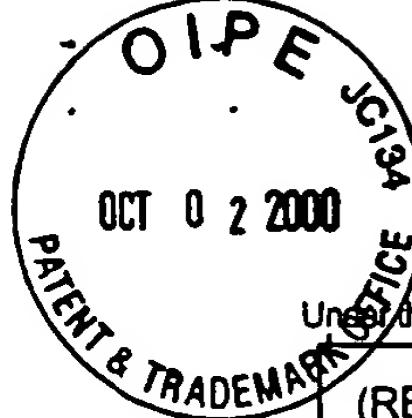
At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Sandland (#5)

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
<u>Laura A. Majerus</u>	<u>33,417</u>
<u>Trinidad Arriola Kern</u>	<u>44,012</u>

Correspondence Address: Direct all communications about the application to:

 Customer NumberPlace Customer Number Bar
Code Label here

OR

Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive San Jose, CA 95120-4830	Date
Post Office Address	Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature	Date
Residence 998 Van Aukon Circle Palo Alto, CA 94303	Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature	Date
Residence 1561 Blaney Avenue San Jose, CA 95129	Citizenship

Post Office Address

<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Jack Y.		Jau					
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Paul		Sandland					
Inventor's Signature						15 SEP 2000 Date	
Residence: City	SPRINGFIELD	State	OR	Country	USA	Citizenship	
Post Office Address	85510 McCUMBER ROAD						
Post Office Address							
City		State		ZIP	97478	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Richard		Simmons					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dave E. A.		Smith				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Hans		Dohse				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dennis G.		Emge				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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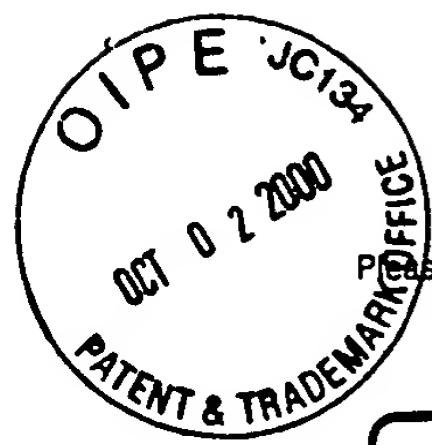
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
John			Greene				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Lee			Veneklasen				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ming-Yie			Ling				
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 19584 Via Monte Drive							
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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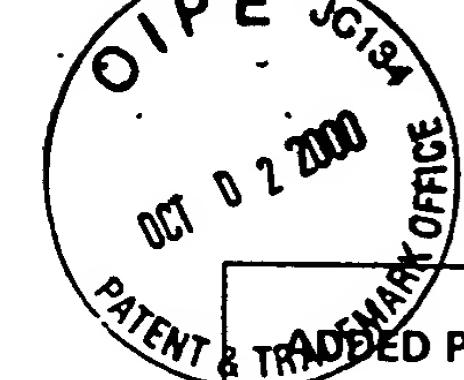
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Surendra G.			Lele				
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Kirkwood			Rough				
Inventor's Signature						Date	
Residence: City		State		Country	Citizenship		
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country	Citizenship		
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



PTO/SB/51 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09 / 502,534
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.
 by reason of the patentee claiming more or less than he had the right to claim in the patent.
 by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Simmons (#6)

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

<u>Laura A. Majerus</u>	<u>33,417</u>
<u>Trinidad Arriola Kern</u>	<u>44,012</u>

Correspondence Address: Direct all communications about the application to:

 Customer Number

--

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address

Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Jack Y.		Jau				
Inventor's Signature						Date
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship
Post Office Address	11020 Magdalena Road					
Post Office Address						
City	Los Altos Hills	State	CA	ZIP	94024	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Paul		Sandland				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Richard		Simmons				
Inventor's Signature	Richard Simmons					9-19-00 Date
Residence: City	Los Altos	State	CA	Country	USA	Citizenship
Post Office Address	44 Alvarado Avenue					
Post Office Address						
City	Los Altos	State	CA	ZIP	94022	Country
USA						

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dave E. A.		Smith				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Hans		Dohse				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Dennis G.		Emge				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John

Greene

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Lee

Veneklasen

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Ming-Yie

Ling

Inventor's
Signature

Date

Residence: City

Saratoga

State

CA

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

19584 Via Monte Drive

Post Office Address

City

Saratoga

State

CA

ZIP

95070

Country

U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/02A (3-97)

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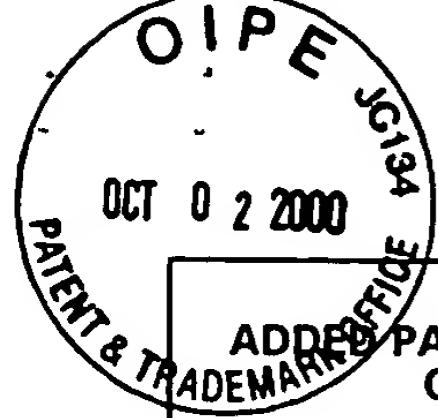
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Surendra G.			Lele				
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Kirkwood			Rough				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



**PATENT & TRADEMARK OFFICE
ADDENDUM PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



PTO/SB/51 (12-97)

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Docket Number (Optional)

4765

REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09/ 502,534
and was amended on _____.
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.
 by reason of the patentee claiming more or less than he had the right to claim in the patent.
 by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

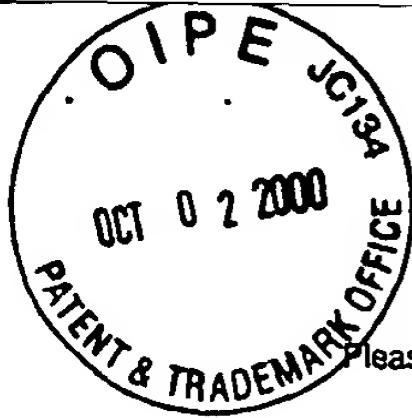
Signed by Smith; Dohse; Emge;
Greene; Ling; and Lele
(#7,8,9,10,12 and 13)

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4765			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.					
Name(s)		Registration Number			
<u>Laura A. Majerus</u>		<u>33,417</u>			
<u>Trinidad Arriola Kern</u>		<u>44,012</u>			
Correspondence Address: Direct all communications about the application to:					
<input type="checkbox"/> Customer Number OR <input type="text" value="Type Customer Number here"/>		<i>Place Customer Number Bar Code Label here</i>			
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Dan Meisburger					
Inventor's signature					
Residence 1507 Montalban Drive San Jose, CA 95120-4830	Date				
Post Office Address	Citizenship				
Full name of second joint inventor (given name, family name) Alan D. Brodie					
Inventor's signature	Date				
Residence 998 Van Aukon Circle Palo Alto, CA 94303	Citizenship				
Post Office Address					
Full name of third joint inventor (given name, family name) Zhong-Wei Chen					
Inventor's signature	Date				
Residence 1561 Blaney Avenue San Jose, CA 95129	Citizenship				
Post Office Address					
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.					



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>4</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jack Y.			Jau				
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Paul			Sandland				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Richard			Simmons				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 4

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dave E. A.

Smith

Inventor's Signature

Dave E. A. Smith

9/6/00
Date

Residence: City

San Mateo

State

CA

Country

~~San Mateo~~ USA

Citizenship USA

Post Office Address

4022 Kingridge Drive

Post Office Address

City

San Mateo

State

CA

ZIP

94403

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Hans

Dohse

Inventor's Signature

Hans Dohse

9/6/00

Date

Residence: City

Sunnyvale

State

CA

Country

U.S.A.

Citizenship U.S.A.

Post Office Address

1073 Sargent Dr

Post Office Address

City

Sunnyvale

State

CA

ZIP

94087

Country

U.S.A

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dennis G.

Emge

Inventor's Signature

Dennis G. Emge

9/6/00

Date

Residence: City

Naperville

State

IL

Country

USA

Citizenship Y

Post Office Address

1853 Paddington Ave

Post Office Address

City

Naperville

State

IL

ZIP

60563

Country

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
John			Greene				
Inventor's Signature						Sept 1/00 Date	
Residence: City	SAN JOSE	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Lee			Veneklasen				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ming-Yie			Ling				
Inventor's Signature						Date	9/5/00
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 19584 Via Monte Drive							
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

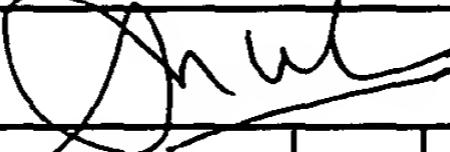
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Please type a plus sign (+) inside this box →

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Surendra G.			Lele				
Inventor's Signature						Date	8/31/2007
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Regnart Court Regnart						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Kirkwood			Rough				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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PTO/SB/51 (12-97)

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Docket Number (Optional)

4765

REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy.

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09 / 502,534 and was amended on _____.

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

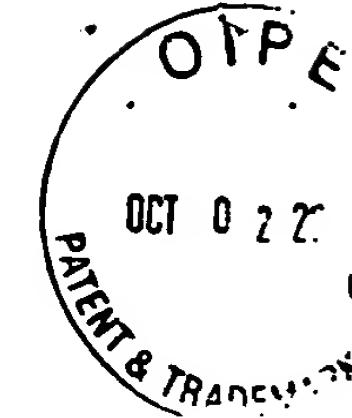
At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by K. Rough (#14)

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
<u>Laura A. Majerus</u>	<u>33,417</u>
<u>Trinidad Arriola Kern</u>	<u>44,012</u>

Correspondence Address: Direct all communications about the application to:

Customer Number

Place Customer Number Bar
Code Label here

OR

Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive San Jose, CA 95120-4830	Date
Post Office Address	Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature	Date
Residence 998 Van Aukon Circle Palo Alto, CA 94303	Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature	Date
Residence 1561 Blaney Avenue San Jose, CA 95129	Citizenship

Post Office Address

Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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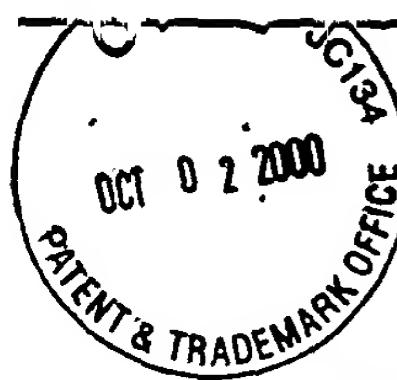
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jack Y.			Jau				
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Paul			Sandland				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Richard			Simmons				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Dave E. A.			Smith			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Hans			Dohse			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Dennis G.			Emge			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
John		Greene				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Lee		Veneklasen				
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Ming-Yie		Ling				
Inventor's Signature					Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship
Post Office Address	19584 Via Monte Drive					
Post Office Address						
City	Saratoga	State	CA	ZIP	95070	Country
						U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/02A (3-97)

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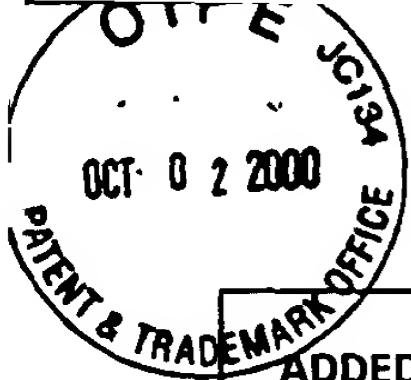
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Surendra G.			Lele				
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Kirkwood			Rough				
Inventor's Signature						9/18/00	Date
Residence: City	SAN JOSE	State	CA	Country	USA	Citizenship	USA
Post Office Address	264 SOUTH 14TH STREET						
Post Office Address							
City	SAN JOSE	State	CA	ZIP	95112	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

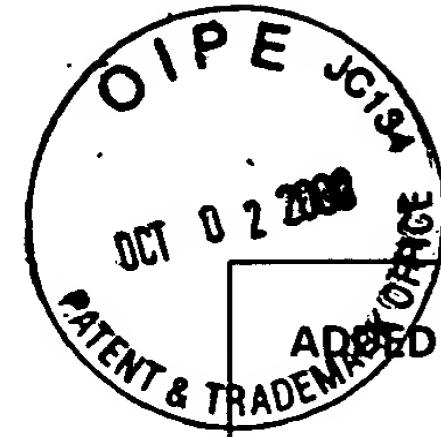
It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

is attached hereto.

was filed on February 10, 2000 as reissue application number 09 / 502,534
and was amended on _____.

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Veneklasen (#11)

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
<u>Laura A. Majerus</u>	<u>33,417</u>
<u>Trinidad Arriola Kern</u>	<u>44,012</u>

Correspondence Address: Direct all communications about the application to:

 Customer NumberPlace Customer Number Bar
Code Label here

OR

Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive	Date
San Jose, CA 95120-4830	
Post Office Address	Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature	Date
Residence 998 Van Auken Circle	Citizenship
Palo Alto, CA 94303	

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature	Date
Residence 1561 Blaney Avenue	Citizenship
San Jose, CA 95129	

Post Office Address

 Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>4</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature					Date		
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>4</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Dave E. A.			Smith				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Hans			Dohse				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Dennis G.			Emge				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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PTO/SB/02A (3-97)

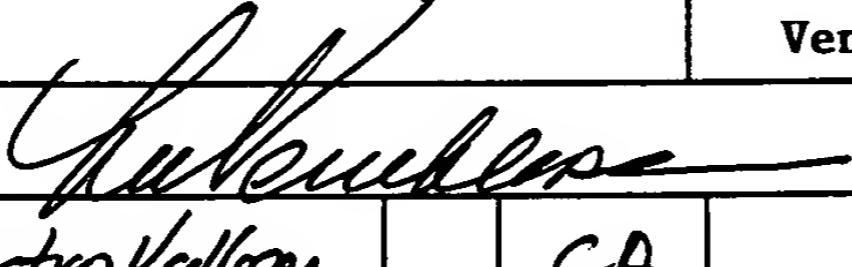
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
John			Greene				
Inventor's Signature						Date	
Residence: City		State		Country	Citizenship		
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Lee			Veneklasen				
Inventor's Signature						8/30/00 Date	
Residence: City	Castro Valley	State	CA	Country	USA	Citizenship	
Post Office Address	3445 Backding Rd.						
Post Office Address	Castro Valley, CA 94546						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Ming-Yie			Ling				
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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PTO/SB/02A (3-97)
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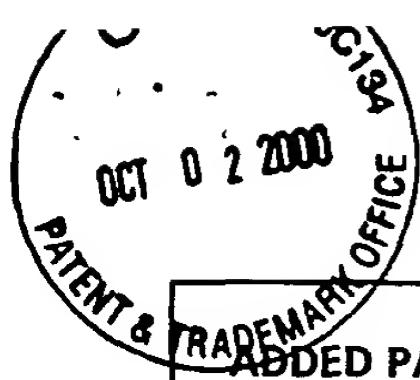
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature							Date
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas Docket No. 4765US